

## **Notice of Examination**

# Promotion to Structure Maintainer - Group B, Exam No. 5712

## **Application Deadline:**

December 15, 2024

### Type of Test:

Practical Skills Test

## **Application Fee:**

\$85.00

**Test Date:** (subject to change)

Practical skills testing is expected to begin on Monday, April 7, 2025

#### JOB DESCRIPTION

**Structure Maintainers - Group B,** under supervision, perform general masonry work in MTA New York City Transit properties. They install and repair cinder and cement blocks, and ceramic tile; install cement sidewalks and floors; install and repair gratings, ducts, manholes, drains and sewers; mix mortar and concrete, and pour concrete; load, unload and drive motor vehicles; walk and work along tracks and perform flagging duties; and perform related work.

Some of the physical activities performed by Structure Maintainers – Group B and environmental conditions they experience are: crouching while working in confined spaces; walking along subway tracks, stepping over rails (including live third rails); ascending and descending from trains and catwalks to roadbeds; working on scaffolds and lifts; responding to audible signals such as alarms bells, train whistles, horns and radio conversation; responding to visual signals including distinguishing colored lights; using hand tools; lifting and carrying heavy tools and equipment; and working outdoors in all weather conditions.

**Special Working Conditions**: Structure Maintainers - Group B may be required to work various shifts, including nights, Saturdays, Sundays and holidays.

(This brief description does not include all of the duties of this position.)

#### **SALARY**

The current minimum salary for Structure Maintainer - Group B is \$35.90 per hour for a 40-hour work week increasing to \$42.24 per hour in the sixth year of service. These rates are subject to change.

#### **ELIGIBILITY TO TAKE EXAMINATION**

This examination is open to each employee of MTA New York City Transit who **on the first date of the practical skills test**:

- Has, as a non-competitive Transit Structural Apprentice Group B, satisfactorily completed the 3-year Transit Structural Apprentice – Group B program and is currently employed in the Structures Subdivision; and
- 2. Is not otherwise ineligible.

The admission of employees who are employed in the non-competitive title of Transit Structural Apprentice – Group B in the Structures Subdivision is pursuant to Section §52(14) of the New York Civil Service Law.

This examination is also open to employees who were appointed to an eligible title pursuant to New York State Civil Service Law, section 55-a, and who meet all other eligibility requirements.

You are responsible for determining whether you meet the eligibility requirements for this examination prior to submitting the Application. If you do not know if you are eligible, check with **your department's Human Resources representative**. You may be given the test before we verify your eligibility. If you are marked "Not Eligible," your application fee will **not** be refunded, and you will **not** receive a score.

This examination is <u>not</u> open to employees of MaBSTOA or MTA Bus Company, or to employees of MTA agencies other than MTA New York City Transit.

#### THE TEST

You will be given a <u>competitive</u> practical skills test. A score of at least 70% is required to pass this test.

You will be scheduled to take the test on a date indicated in the above "Test Date" box. You will be assigned to a test date and location, and you cannot request that your scheduled test date or location be changed, unless you meet the conditions in the "Special Test Accommodations" subsection below.

Your score on this <u>competitive</u> practical skills test will determine 85% of your final score. Your seniority will determine the remaining 15%. You must pass the <u>competitive</u> practical skills test to have your seniority credited. Your seniority score will be 70 plus ½ point for each three months of completed continuous service with an agency under the jurisdiction of the Commissioner, Department of Citywide Administrative Services, in a non-competitive class title. Your service will be credited through the first date of the <u>competitive</u> practical skills test, up to a maximum of 15 years. Time served prior to a break in service of more than one year will not be credited.

Veterans' or Disabled Veterans' Credit will be granted only to eligible passing candidates who request that they be applied. Veterans' or Disabled Veterans' Credit should be requested at the time of application but **must** be requested before the date the eligible list is established. Claims for Veterans' or Disabled Veterans' Credit cannot be made once the eligible list is established.

The practical skills test may measure your knowledge, skills and abilities in the following and other related areas:

- **Masonry:** Knowledge of the construction, maintenance, installing, repair, alteration, and inspection of masonry components utilizing safe work practices.
  - o Example: Installing tile on a surface

#### **HOW TO SUBMIT AN APPLICATION**

If you submit an application for this promotion examination and you also submit an application for the open competitive examination for Structure Maintainer - Group B, Exam No. 5612, you will only be permitted to take the test(s) for this title one time.

**Late Applications**: Refer to the "Correspondence" section below to contact the Examinations Unit to determine the procedure for submitting a late application if you meet one of the following conditions:

- 1. You are absent from work for at least one-half of the application period and are unable to apply for reasons such as vacation, sick leave or military duty; or
- 2. You become eligible after the above application period, but before the first test date.

**Special Test Accommodations:** If you plan to request an alternate test date due to your religious observance or special testing accommodations due to disability, please follow the instructions included in the Special Circumstances Guide, which is accessible online at <a href="http://web.mta.info/nyct/hr/forms\_instructions.htm">http://web.mta.info/nyct/hr/forms\_instructions.htm</a> and will be attached to this Notice of Examination during the application period. An alternate test date due to religious observance must be requested no later than 15 days prior to the date on which practical skills testing is expected to begin. Special testing accommodations due to disability must be requested no later than 30 days prior to the date on which practical skills testing is expected to begin.

**Make-Up Tests:** You may apply for a make-up test if you cannot take the practical skills test as scheduled for any of the following reasons:

- 1. Compulsory attendance before a public body; or
- 2. On-the-job injury or illness caused by municipal employment where you are an officer or employee of the City; or
- 3. Absence from the test within one week after the death of a spouse, domestic partner, parent, parent-in-law, sibling, child, or child of a domestic partner where you are an officer or employee of the City; or
- 4. Absence due to ordered military duty; or
- 5. A clear error for which MTA New York City Transit is responsible; or
- 6. A temporary disability; or
- 7. Pregnancy, childbirth or a related medical condition.

To request a make-up test, submit your request with documentation of the special circumstances that caused you to miss your test (as attachments) by email to <a href="mailto:examsmakeups@nyct.com">examsmakeups@nyct.com</a> or by mail to the address in the "Correspondence" section below as soon as possible.

#### CORRESPONDENCE

Change of Contact Information: It is critical that you keep your contact information (i.e., telephone number, mailing address and/or email address) current with MTA New York City Transit. You may miss important information about your exam(s) or consideration for appointment or promotion, including important information that may require a response from you by a specified deadline, if we do not have your correct contact information. To update your contact information, you may:

- 1. Email us at examsunit@nyct.com with the subject "Contact Info Update;" or
- 2. Mail your request to the address at the end of this section.

Your request must include your full name, exam title(s), exam number(s) and your old and new telephone numbers, mailing and/or email address. MTA New York City Transit employees <u>must</u> also visit the employee portal at <u>www.mymta.info</u> to update their contact information through the "BSC."

All other correspondence should be sent to <a href="mailto:examsunit@nyct.com">examsunit@nyct.com</a> and must include "Promotion to Structure Maintainer - Group B, Exam No. 5712" in the Subject. Alternatively, you can mail your correspondence to the following address:

Promotion to Structure Maintainer - Group B, Exam No. 5712

MTA New York City Transit

149 Pierrepont Street

Brooklyn, NY 11201

Attn: Exam Administration, 3rd Floor, Room 3.600

### **TEST SITE REQUIREMENTS**

An Admission Letter will be mailed to you about 10 days before the first date of the practical skills test. If you do not receive an Admission Letter at least 4 days before this date, you must email a request for a duplicate Admission Letter to <a href="mailto:examsunit@nyct.com">examsunit@nyct.com</a>. A paper copy of the Admission Letter is your ticket for admission to the test.

Applicants **must** keep their mailing address **up to date**. Please refer to the "Correspondence" section above for instructions on how to update your address and other contact information.

**Warning:** You are not permitted to enter the test site with cellular phones, smart watches, beepers, pagers, cameras, portable media players, or other electronic devices. Calculators are permitted; however, they must be hand-held, battery or solar powered, numeric only. Calculators with functions **other than** addition, subtraction, multiplication and division **are prohibited**. Electronic devices with an alphabetic keyboard or with word processing or data recording capabilities such as planners, organizers, etc. are prohibited. If you use any of these devices in the building at any time before, during or after the test, you may **not** receive your test results, your test score may be nullified, and your application fee will **not** be refunded.

You may not have any other person, including children, present with you while you are being processed for or taking the test and no one may wait for you inside of the test site while you are taking the test.

You are also not permitted to use on site any medical assistive devices, including those that give notifications or alerts, or that vibrate, without the prior express written authorization of MTA New York City Transit. You can contact MTA New York City Transit by email at: <a href="mailto:examsmakeups@nyct.com">examsmakeups@nyct.com</a>.

**Leaving:** You must leave the test site once you finish the test. If you leave the test site after being fingerprinted but before finishing the test, you will not be permitted to re-enter. If you disregard this instruction and re-enter the test site, you may not receive your test results, your test score may be nullified, and your application fee will not be refunded.

**Proof of Identity:** You must present your MTA New York City Transit employee ID when you arrive to take the test.

#### THE TEST RESULTS

If you pass the competitive practical skills test and are marked eligible, your name will be placed in final score order on an eligible list and you will be given a list number. You will be notified by mail of your test results. If you meet all requirements and conditions, you will be considered for promotion when your name is reached on the eligible list.

#### REQUIREMENTS TO BE PROMOTED

**Driver License Requirement:** At the time of promotion, you must have a Motor Vehicle Driver License valid in the State of New York with no disqualifying restrictions that would preclude the performance of the duties of this title. If you have serious moving violations, a license suspension or an accident record you may be disqualified. This license must be maintained for the duration of your employment in the title.

**Medical Requirement:** Medical guidelines have been established for the position of Structure Maintainer - Group B. Candidates will be examined to determine whether they can perform the essential functions of the position. Where appropriate, a reasonable accommodation will be provided for a person with a disability to enable such person to perform the essential functions of the job.

**Drug Screening Requirement:** You must pass a drug screening in order to be promoted, and if promoted, you will be subject to random drug and alcohol tests for the duration of your employment. Additionally, if you have tested positive on a drug or alcohol test or had a refusal to test during preemployment or while employed by a Federal DOT-regulated employer during the applicable period, you must have completed the Substance Abuse Professional (SAP) evaluation, referral and education/treatment process required by federal law in order to be promoted to this safety-sensitive position.

#### ADDITIONAL INFORMATION

**Training:** You may be required to undergo a formalized training course during your probationary period. Failure to successfully complete the training course may result in termination.

**Probationary Period:** You will be required to complete a probationary period. If you do not successfully complete the probationary period, you may be terminated.

#### PENALTY FOR MISREPRESENTATION

Any intentional misrepresentation on the application or examination may result in disqualification, even after promotion, and may result in criminal prosecution.

#### MTA NEW YORK CITY TRANSIT EXAMINATION FEE WAIVER REQUEST GUIDE

#### NEW YORK CITY TRANSIT EXAMINATION FEE WAIVER REQUEST FORM

Assistance.

B) Receiving Supplemental Security Income (SSI) payments.

Receiving Public Assistance in the form of Temporary Assistance

for Needy Families (TANF)/Family Assistance or Safety Net

#### **TO ALL APPLICANTS:**

C) Receiving Medicaid benefits.

Unemployed

In accordance with Civil Service Law Section 50.5(b), the application fee shall be waived for any person who meets at least one of the following criteria during the month you wish to apply for an examination:

New York City's Workforce Investment Act program through	have served on full-time duty, other than reserves and/or training.
<b>G)</b> One-time Fee Waiver for Spouses or Domestic Partner of a Vete of the U.S. Armed Forces.	ran
examination for which yo	TION FEE WAIVER REQUEST FORM" for each ou are requesting a fee waiver.
PRINT CLEARLY C	DR TYPE INFORMATION
Name:	SS#:
Exam Title:	Exam Number:
Email Address:	Phone Number:
I request that my application fee for the examination listed above be waived in accordance with the Section 50.5(b) of the State Civil Service Law.	
hereby certify that I am qualified to receive such waiver for the re	FIRMATION********  the Civil Service Law relating to the waiver of the application fee an eason indicated below. I understand that if I falsify information concerning
hereby certify that I am qualified to receive such waiver for the remy current eligibility in order to obtain the application fee waiver of New York, and may be subject to criminal prosecution. (Al	the Civil Service Law relating to the waiver of the application fee an eason indicated below. I understand that if I falsify information concerning I may be banned from appointment to any position within the Cit
hereby certify that I am qualified to receive such waiver for the remy current eligibility in order to obtain the application fee waiver of New York, and may be subject to criminal prosecution. (Al Signature:  Fee Waiver Criteria Selection: Check only the box that applies to	the Civil Service Law relating to the waiver of the application fee an eason indicated below. I understand that if I falsify information concernin I may be banned from appointment to any position within the Cit I such violations will be referred to the Department of Investigation.
hereby certify that I am qualified to receive such waiver for the remy current eligibility in order to obtain the application fee waiver of New York, and may be subject to criminal prosecution. (Al Signature:  Fee Waiver Criteria Selection: Check only the box that applies to pages 2 and 3. Complete, sign, and date this form and return	the Civil Service Law relating to the waiver of the application fee an eason indicated below. I understand that if I falsify information concerning I may be banned from appointment to any position within the Cit I such violations will be referred to the Department of Investigation.  Date:  o you and for which you have acceptable documentation as described
hereby certify that I am qualified to receive such waiver for the remy current eligibility in order to obtain the application fee waiver of New York, and may be subject to criminal prosecution. (Al Signature:  Fee Waiver Criteria Selection: Check only the box that applies to n pages 2 and 3. Complete, sign, and date this form and return indicated examination, I am currently	the Civil Service Law relating to the waiver of the application fee an eason indicated below. I understand that if I falsify information concerning I may be banned from appointment to any position within the Cit I such violations will be referred to the Department of Investigation.  Date:  O you and for which you have acceptable documentation as described it along with your documentation. At the time of applying for the above-
hereby certify that I am qualified to receive such waiver for the remy current eligibility in order to obtain the application fee waiver, of New York, and may be subject to criminal prosecution. (Al Signature:  Fee Waiver Criteria Selection: Check only the box that applies to on pages 2 and 3. Complete, sign, and date this form and return indicated examination, I am currently  A) an individual who is unemployed.	the Civil Service Law relating to the waiver of the application fee an eason indicated below. I understand that if I falsify information concernin. I may be banned from appointment to any position within the Cit I such violations will be referred to the Department of Investigation.  Date:  o you and for which you have acceptable documentation as described it along with your documentation. At the time of applying for the above-
hereby certify that I am qualified to receive such waiver for the remy current eligibility in order to obtain the application fee waiver, of New York, and may be subject to criminal prosecution. (Al Signature:  Fee Waiver Criteria Selection: Check only the box that applies to on pages 2 and 3. Complete, sign, and date this form and return indicated examination, I am currently  A) an individual who is unemployed.  B) an individual who is receiving Supplemental Security Incom  C) an individual who is receiving Medicaid benefits.	the Civil Service Law relating to the waiver of the application fee an eason indicated below. I understand that if I falsify information concerning I may be banned from appointment to any position within the Cit I such violations will be referred to the Department of Investigation.  Date:  O you and for which you have acceptable documentation as described it along with your documentation. At the time of applying for the above-
hereby certify that I am qualified to receive such waiver for the remy current eligibility in order to obtain the application fee waiver of New York, and may be subject to criminal prosecution. (Al Signature:  Fee Waiver Criteria Selection: Check only the box that applies to no pages 2 and 3. Complete, sign, and date this form and return indicated examination, I am currently  A) an individual who is unemployed.  B) an individual who is receiving Supplemental Security Incom  C) an individual who is receiving Medicaid benefits.  D) an individual who is receiving Public Assistance in the form	the Civil Service Law relating to the waiver of the application fee an eason indicated below. I understand that if I falsify information concerning I may be banned from appointment to any position within the Cit I such violations will be referred to the Department of Investigation.  Date:  O you and for which you have acceptable documentation as described it along with your documentation. At the time of applying for the above-  e (SSI) payments.  of Temporary Assistance for Needy Families (TANF)/Family Assistance
hereby certify that I am qualified to receive such waiver for the remy current eligibility in order to obtain the application fee waiver of New York, and may be subject to criminal prosecution. (Al Signature:  Fee Waiver Criteria Selection: Check only the box that applies to on pages 2 and 3. Complete, sign, and date this form and return indicated examination, I am currently  A) an individual who is unemployed.  B) an individual who is receiving Supplemental Security Incom  C) an individual who is receiving Medicaid benefits.  D) an individual who is receiving Public Assistance in the form or Safety Net Assistance.  E) a participant certified eligible for a Workforce Investment Ac	the Civil Service Law relating to the waiver of the application fee an eason indicated below. I understand that if I falsify information concerning I may be banned from appointment to any position within the Cit I such violations will be referred to the Department of Investigation.  Date:  O you and for which you have acceptable documentation as described it along with your documentation. At the time of applying for the above-  e (SSI) payments.  of Temporary Assistance for Needy Families (TANF)/Family Assistance
hereby certify that I am qualified to receive such waiver for the remy current eligibility in order to obtain the application fee waiver of New York, and may be subject to criminal prosecution. (Al Signature:  Fee Waiver Criteria Selection: Check only the box that applies to on pages 2 and 3. Complete, sign, and date this form and return indicated examination, I am currently  A) an individual who is unemployed.  B) an individual who is receiving Supplemental Security Incom  C) an individual who is receiving Medicaid benefits.  D) an individual who is receiving Public Assistance in the form or Safety Net Assistance.  E) a participant certified eligible for a Workforce Investment Ac	the Civil Service Law relating to the waiver of the application fee an eason indicated below. I understand that if I falsify information concernin. I may be banned from appointment to any position within the Cit I such violations will be referred to the Department of Investigation.  Date:  O you and for which you have acceptable documentation as described it along with your documentation. At the time of applying for the above-  e (SSI) payments.  Of Temporary Assistance for Needy Families (TANF)/Family Assistance  t program through New York City's Workforce1 Career Centers.

FOLLOW THE INSTRUCTIONS ON PAGES 2 & 3 AND SUBMIT AND SIGN THIS PAGE WITH THE CORRECT DOCUMENTATION.



#### MTA NEW YORK CITY TRANSIT EXAMINATION FEE WAIVER REQUEST GUIDE

#### **EXAMINATION FEE WAIVER SUPPORTING DOCUMENTATION REQUIREMENTS**

- A) For an individual who is unemployed: Submit an "Unemployment Insurance Benefit Payment History" inquiry printout. This printout must include Week Ending dates that correspond with the month that you are applying for an exam. You may obtain this printout from the New York State Department of Labor by calling 1 (877) 221-1634 or online at www.labor.state.ny.us. For the Department of Labor outside of New York State, you may access their website at www.dol.gov for assistance in locating this type of documentation online for the state in which you reside. If you are unemployed, but not currently receiving Unemployment Insurance Benefits, you may submit an affidavit signed by you stating that you are unemployed, and notarized by a Notary Public. Your affidavit must be dated within the application period for the exam you are applying for. For unemployment benefits received outside of New York State, you may include a copy of your unemployment check that bears your Name and SS# dated and issued for the month in which you are applying for an exam.
- B) For an individual who is receiving Supplementary Security Income (SSI) payments: Submit a "Benefit Verification Break Down Letter". This printout shows the breakdown of your monthly payments on letterhead from a Social Security Administration Office in your state that is dated during the month for which you are applying for an exam and specifically indicates that you received SSI benefits that month. Award Letter Notifications re-issued during the month you are applying for an exam that does not include the added information in the OTHER IMPORTANT INFORMATION field that specifically states you are receiving SSI benefits that month will not be accepted. Parents who receive SSI benefits for their minor children are not eligible for a fee waiver.
- C) For an individual who is receiving Medicaid benefits or partial benefits that include Medicaid: Submit the "MA Case/Suffix/ Individual/Summary" printout. This printout must verify that either your eligibility for Medicaid is coded "AC" for Active, or your authorization period is currently active, or if your case has been closed, the date your case was closed. These dates must include the month for which you are applying for an exam. You may obtain this printout from your assigned worker, or from a New York City Human Resources Administration Medicaid Office or call 1 (877) HRA-8411. If you applied for Medicaid benefits through a hospital or managed care program/organization, you will need to submit documentation on letterhead from that program/organization that is dated during the month you are applying for an exam that specifically verifies your eligibility of receiving Medicaid benefits that month. For Medicaid benefits received outside New York City, you will need to submit documentation on letterhead from a social service agency in your state that is dated during the month you are applying for an exam that specifically verifies your eligibility of receiving Medicaid benefits, or indicates your case is active that month.



#### MTA NEW YORK CITY TRANSIT EXAMINATION FEE WAIVER REQUEST GUIDE

- D) For an individual who is receiving Public Assistance in the form of Temporary Assistance for Needy Families(TANF)/Family Assistance or Safety Net Assistance benefits: Submit the "PA Case Composition-Suffix/Individual Summary" printout. This printout must verify that either your eligibility for Public/Cash Assistance is coded "AC" for Active, or if your case has been closed, the date your case was closed. These dates must include the month for which you are applying for an exam. If your case has been coded "SN" for Sanctioned, or if you recently applied for benefits and your case is coded "AP" for Application, you are not eligible to receive a fee waiver. You may obtain this printout from your assigned worker, or from a New York City Human Resources Administration Office or call 1 (877) HRA-8411. For TANF/Family Assistance or Safety Net Assistance benefits received outside New York City, you will need to submit documentation on letterhead from a social service agency in your state that is dated during the month you are applying for an exam that specifically verifies your eligibility of receiving TANF/Family Assistance or Safety Net Assistance benefits, or indicates your case is Active that month.
- E) For a participant certified eligible for a Workforce Investment Act program through New York City's Workforce1 Career Centers: Submit documentation on letterhead from the Department of Small Business Services that is dated during the month for which you are applying for an exam and specifically indicates that you are a participant registered with the City's Workforce1 Career Centers for that month. You may obtain this letter only by calling the New York City Department of Small Business Services at (212) 513-6406.
- For an individual who has served in the U.S. Armed Forces on full-time active duty, other than reserves and/or training, and has not previously received a Veterans Fee Waiver: Participants must have been discharged under honorable conditions from the Armed Forces of the United States (Army, Navy, Marine Corps, Air Force, Coast Guard or the National Guard only). The Veterans Exam Fee Waiver cannot be used retroactively for any exam for which you have already applied. Proper documentation must accompany your application. Mail a clear copy of your separation papers (Form DD214, long form) or a Statement of Service letter along with your application package. The Veterans Exam Fee Waiver is available for Promotion and Open Competitive exams. Please note that Veterans Preference Credits and the Veterans Exam Fee Waiver are two separate programs that have different purposes and criteria.
- G) One-time Fee Waiver for Spouses or Domestic Partner of a Veteran of the US Armed Forces: At the time of exam filing, you must be a Spouse or Domestic Partner of a Veteran and the Veteran must be a United States citizen or an alien lawfully admitted for permanent residence, have received an honorable discharge or have been released under honorable conditions from the Armed Forces of the United States (i.e., the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof, and the National Guard when in the service of the United States pursuant to call as provided by Law) or have received deployment orders on U.S. Armed Forces letterhead, and have served or is serving on full-time active duty, other than active duty for training.

#### **SUBMISSION INSTRUCTIONS**

By the deadline stated in the Notice of Examination, you must submit documentation supporting your fee waiver request by mail to MTA New York City Transit, ATTN: Fee Waiver Request for (*Insert Exam Title and Number*), 149 Pierrepont Street, Room 3.600, Brooklyn, NY 11201.



## SPECIAL CIRCUMSTANCES Directions for Submission of Requests

<u>IMPORTANT</u>: If you believe you have a special circumstance (e.g., disability, military duty) that prevents you from applying as instructed in the Notice of Examination, you may email us during the application period at <u>examsmakeups@nyct.com</u> to inquire about any available alternative application options.

#### (A) RELIGIOUS OBSERVANCE:

Please be advised that if you are unable to test on <u>any</u> of the test dates listed on the Notice of Examination because of religious observance, you must notify us of the potential conflict at least <u>fifteen (15) days</u> before the first listed test date. Please do not wait to submit your request until you have been sent an Admission Letter, or your request could be denied due to lateness. A separate request must be submitted for **each** exam, and each request must include:

- your full name and Applicant ID (if known) or the last 4 digits of your Social Security Number (SSN),
- · the exam number and title, and
- a signed statement on letterhead from your religious organization certifying that your religious observance prohibits you
  from taking the test on the scheduled date. Please note that <u>you</u> must submit your religious organization's statement
  with your request; the statement must be dated within the last 12 months; and the statement must be signed by your
  religious leader or their designee.

To submit the request and documentation described above, you must email or write to:

examsmakeups@nyct.com (Please include your signed statement from your religious leader as an attachment.)
Mail: MTA NYC Transit, (Insert Exam Title & Number) – Spec. Circumstances, 149 Pierrepont Street, Room 3.600,
Brooklyn NY 11201 NOTE: Mail must be postmarked by the deadline.

#### (B) DISABILITY:

If you have a disability which will interfere with your ability to take <u>any</u> test in this examination without special accommodation(s) or other assistance, you must submit a written request for specific special accommodation(s) for <u>each</u> test no later than <u>thirty (30) days</u> before the first test date listed on the Notice of Examination (NOE). Each request must include:

- your full name and Applicant ID (if known) or the last 4 digits of your Social Security Number (SSN).
- the exam number and title,
- the specific nature of your disability and a justification for the special accommodation(s), and
- a statement corroborating your disability by a doctor or agency authorized for this purpose. Please note that MTA New York City Transit may request additional information, including medical documentation evidencing that you have a disability and the need for specific special testing accommodation(s). If you have been approved for special testing accommodations in the past, either while attending school or for employment purposes, feel free to include that supporting documentation, as it may expedite the review process.

If you have a temporary disability, pregnancy-related, or child-birth-related condition which prevents you from taking a test on the date that it is scheduled, which is listed on the Notice of Examination (NOE), you may request a make-up exam by submitting a request no later than **one week following close of the application period**, or, if the temporary disability, pregnancy-related, or child-birth-related condition arises after that date, within **one week following the occurrence**. In addition to the information specified above, the request must include original medical documentation signed by an appropriate, licensed doctor specifying 1) the nature of the condition, 2) the duration of the condition, 3) the functional limitations of the condition, and 4) why the condition prevents you from taking the test as scheduled. Where appropriate and practicable, MTA New York City Transit may provide an alternative form of accommodation, such as an alternative test site.

IMPORTANT: Supporting documentation must satisfy the criteria above. Documentation satisfying an employer's requirement(s) for a leave of absence may **not** be sufficient.

#### To submit the request and documentation described above, you must email or write to:

Email: <a href="mailto:examsmakeups@nyct.com">examsmakeups@nyct.com</a> (Please attach documentation signed by your doctor or authorized agency.)

Mail: MTA NYC Transit, (Insert Exam Title & Number) — Spec. Circum.,149 Pierrepont Street, Room 3.600, Brooklyn, NY 11201 NOTE: Mail must be postmarked by the deadline, and you are strongly encouraged to purchase tracking when mailing.

Page 1 of 3 03/02/2024JG



## SPECIAL CIRCUMSTANCES Directions for Submission of Requests

### (C) VETERANS' / DISABLED VETERANS' CREDIT (ONLY FOR CIVIL SERVICE EXAMS):

For Veterans' or Disabled Veterans' Credit, you must meet the following requirements by the date of appointment or promotion:

- a. Be a resident of New York State; and
- b. Be a United States citizen or an alien lawfully admitted for permanent residence; and
- c. Received an honorable discharge or release under honorable conditions from the Armed Forces of the United States. The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof, and the National Guard when in the service of the United States pursuant to call as provided by Law; and
- d. Have served on full-time active duty, other than active duty for training, in at least one of the following Time of War periods below:

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#### Armed Forces of the United States during:

World War II (Dec 7, 1941 - Dec 31,1946); **or** Korean Conflict (Jun 27, 1950 - Jan 31, 1955); **or** Vietnam Conflict (Feb 28, 1961 - May 7, 1975); **or** Persian Gulf Conflict (Aug 2, 1990 - to be determined). You must have received the armed forces expeditionary medal, navy expeditionary medal, or marine corps expeditionary medal for:

Hostilities in Lebanon (Jun 1, 1983 - Dec 1, 1987); or Hostilities in Grenada (Oct 23, 1983 - Nov 21, 1983); or Hostilities in Panama (Dec 20, 1989 - Jan 31, 1990).

For Disabled Veterans' Credit, in addition to a, b, c, and d, at the time the list is established, you must have been found to have a service connected disability incurred in a Time of War period listed above, which has been rated at least 10 percent by the U.S. Department of Veterans Affairs (V.A.). If the V.A. has not certified the disability as permanent, it must have been rated at least 10 percent by a V.A. physician no more than one year prior to the date of filing your application or the date of establishment of the eligible list. Veterans' or Disabled Veterans' Credit should be requested at the time of application but MUST be requested before the date the eligible list is established. Claims for Veterans' or Disabled Veterans' Credit will not be processed once the eligible list is established. All claims for Veterans' or Disabled Veterans' Credit will be investigated and you will be required to produce documentation, such as discharge papers, to prove that you are eligible for the credit. All requests for Veterans' or Disabled Veterans' Credit must include your full name and Applicant ID (if known) or the last 4 digits of your Social Security Number (SSN), and the exam number and title.

<u>POINTS</u>: <u>Disabled</u> veterans are entitled to receive ten additional points in an exam for original appointment or five additional points in a promotion exam. <u>Non-disabled</u> veterans are entitled to receive five additional points in an exam for original appointment or two and one-half additional points in a promotion exam. <u>Exception</u>: If you were certified as a disabled veteran after using non-disabled Veterans' Credit, please refer to <a href="https://www.cs.ny.gov/vetcredits/">https://www.cs.ny.gov/vetcredits/</a> for additional information.

#### Note:

- 1. You may use Veterans' or Disabled Veterans' Credit only once after January 1, 1951 for appointment or promotion from a City, State, or County civil service list from a jurisdiction within the State of New York. <u>Note</u>: See exception above.
- 2. Veterans' or Disabled Veterans' credit will be added only to the final score of those candidates who pass all tests associated with the examination.
- 3. Above is only a summary of necessary conditions; complete provisions are contained in statutory and/or decisional law. 
  To submit a request after applying and before the eligible list is established, you must email or write to:

  Email: <a href="mailto:examsunit@nyct.com">examsunit@nyct.com</a> (You can attach any relevant supporting documentation to your emailed request)

  Mail: MTA NYC Transit, (Insert Exam Title & Number) Spec. Circum., 149 Pierrepont Street, Room 3.600, Brooklyn, NY 11201 NOTE: Mail must be postmarked by the deadline, and you are strongly encouraged to purchase tracking when mailing.

## (D) LEGACY CREDIT (ONLY FOR OPEN COMPETITIVE CIVIL SERVICE EXAMS):

Ten points can be added to the open competitive exam score of a candidate who is the child or sibling of (1) an individual who served the City of New York as a Firefighter, Police Officer, Emergency Medical Technician or Paramedic and was killed in the line of duty; (2) an individual who served the City of New York as a Firefighter or Police Officer and died in the performance of duty as the result of the World Trade Center attack on September 11, 2001 or as the result of participation in the rescue efforts that took place in response to the attack; or (3) an FDNY EMS member in the service of the City of New York who died in the performance of duty as the result of the World Trade Center attack on September 11, 2001 or as the result of participation in the rescue efforts that took place in response to the attack. A candidate can receive Legacy

Page 2 of 3 03/2/2024JG



## SPECIAL CIRCUMSTANCES Directions for Submission of Requests

Credit for no more than one parent or one sibling. A candidate can, however, receive Legacy Credit for both a parent and a sibling, in which case, the candidate may be entitled to 20 points. Legacy Credit must be requested in accordance with the instructions below before the date the eligible list is established. Claims for Legacy Credit will not be processed once the eligible list is established. All candidates making such claims will be required to present to the hiring agency prior to appointment documentation verifying their claim. All claims for Parent or Sibling Legacy Credit will be investigated. All Requests for Legacy Credit, whether sent by mail or email, must include your full name and Applicant ID (if known) or the last 4 digits of your Social Security Number (SSN); the exam title and number; and whether the request is for Parent Legacy Credit, Sibling Legacy Credit, or both.

#### Note:

- 1. You may use Legacy Credit only once for appointment from a City, State, or County open competitive civil service eligible list from a jurisdiction within the State of New York.
- 2. Legacy Credit will be added only to the final score of those candidates who pass all parts of the open competitive examination.
- 3. The above description of Legacy Credit is only a summary of necessary conditions. The complete provisions are contained in the relevant statutory and/or decisional laws governing Parent and Sibling Legacy Credit.

#### To submit the request described above, you must email or write to:

Email: <a href="mailto:examsunit@nyct.com">examsunit@nyct.com</a> (You can attach any relevant supporting documentation to your emailed request.)

Mail: MTA NYC Transit, (Insert Exam Title & Number) – Spec. Circum., 149 Pierrepont Street, Room 3.600, Brooklyn, NY 11201 NOTE: Mail must be postmarked by the deadline, and you are strongly encouraged to purchase tracking when mailing.

### (E) CHANGE OF CONTACT INFORMATION:

It is critical that you keep your contact information (e.g., email address, mailing address, telephone number) current with MTA New York City Transit. If your contact information is not up to date, you could miss important information about your exam(s) or consideration for appointment, including important information that may require a response by a specified deadline. Your request must include your full name and Applicant ID (if known) or the last 4 digits of your Social Security Number (SSN), your exam title(s) and number(s), and your previous and new contact information.

#### To update your contact information:

- 1. Email us at examsunit@nyct.com, with the subject named CONTACT INFO UPDATE, or
- Mail us at MTA NYC Transit, (Insert Exam Title[s] & Number[s]) Spec. Circum., 149 Pierrepont Street, Room 3.600, Brooklyn NY, 11201.

#### **IMPORTANT:**

- If you are an MTA employee, all changes to your contact information must also be made through the MTA Business Service Center (BSC) via the employee portal at <a href="http://www.mymta.info">http://www.mymta.info</a>.
- If you are on an established eligible list for a Civil Service exam (i.e., an exam for NYC Transit or Bridges and Tunnels), you must also keep your contact information current with New York City's Department of Citywide Administrative Services (DCAS). To request a change to your name or SSN, you must complete and submit DCAS' Data Correction Form (<a href="https://www1.nyc.gov/assets/dcas/downloads/pdf/employment/dp148a.pdf">https://www1.nyc.gov/assets/dcas/downloads/pdf/employment/dp148a.pdf</a>). To request a change to your contact information, you must submit your request to DCAS by mail at 1 Centre Street, 14th Floor, New York, NY 10007, or by email at <a href="mailto:oasys@dcas.nyc.gov">oasys@dcas.nyc.gov</a>. Please include your old (i.e., incorrect) and new (i.e., correct) information with your request(s). You may miss a chance for appointment or promotion if DCAS does not have your correct name, SSN, and/or contact information.

Page 3 of 3 3/2/2024JG